

State of Connecticut
Department of Public Safety
Division of State Police

DPS-90-C (Rev. 04/'03)	RIMINAL INFO	RMATION SUMMARY	ADDIT.	IONAL PAGES	
OOP/UNIT: F	OTHER INVOLV	ED AGENCY: NO YES,	Deat of	960:00	
	STIGATING TROOPER / OF	FICER: DPS CASE NUMBER:	SEDT. OF	TORICUITURE	
23-04 1140 TFC JULIE MARTIN DRS-04-036406  LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY):					
LOCATION OF INCIDENT (STREET NAME A	ND CITY/TOWN ONLY):				
3.08 West main Str					
SUMMARY OF INCIDENT OR AFFIDAVIT:	ARREST M				
This investigator was assign	red to assist the	State animal Control office	er at tr	e above	
TOCUTION - IN accused cam	e OUEOF her resid	ance and hearn sugaring	1600111		
manner. Accused was cold to	go inside her han	ise and Allit to inter Care in	11d 140 i's	44.44 110	
necessor came ourside again	n and began vell	ing in a threatening manne	2 14411	Inime I Com	
YICTIM: (DO NOT IDENTIFY ANY JUVENILE I	BY NAME OR ADDRESS - IF I	UVENILE, WRITE "JUVENILE" IN THE NAME F	TELD & "AGE" I	N DOB FIELD)	
VICTIM: (IOO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF I		TY&STATE ONLY)	JUVENILE:	INJURED:	
		*	AGE:	□ NO	
NAME / BUSINESS / AGENCY:  M [	F ADDRESS: (TOWN/CI	TY&STATE ONLY)	JUVENILE:	F 100000	
			☐ YES	☐ YES	
NAME OF THE OWNER O			AGE:	□ NO	
NAME / BUSINESS / AGENCY:	F ADDRESS: (TOWN/CE	TY&STATE ONLY)	JUVENILE:	INJURED:	
			☐ YES	☐ YES	
ARRESTED: (DO NOT IDENTIFY ANY JUVENI	LE BY NAME OR ADDRESS-1	F JUVENILE. WRITE "TUVENII E" IN THE NAM	AGE:		
NAME:	M L F   DOB;	ADDRESS:	A There a 701	E-DOB PIELD)	
Diaz, Ethel	9-23.50	308 West main s	Street C.	HESTER	
CHARGES:		BOND;	INJU	RED:	
L'Interfering 530-1679 GA: 9 Disorderly Conduct 530-182 TOWN: Middletown		☐ CASH ☐ SURETY ☐ WPTA		☐ YES ☐ NO	
> Disorderly Conduct 530.182	mosses Middeline	AMOUNT S: 5000	AME	EULANCE:	
a a	TOWN: Middletown	☐ TO BE PRESENTED AT COURT	HOS	PITAL:	
~	DATE: 7-26-04	☐ TRANS TO DEPT OF CORRECTION	NS @:	F	
NAME:		ADDRESS:			
	A LI P DOM.	ADDRESS:			
CHARGES:	COURT:	BOND:	Lystye	men.	
1.	GA:	☐ CASH ☐ SURETY		RED: YES   NO	
2.		□ NON-SURETY □ WPTA	AMB	ULANCE:	
3.	TOWN:	AMOUNTS:		YES   NO	
4.		☐ TO BE PRESENTED AT COURT ☐ TRANS TO DEPT OF CORRECTION		riini,	
	DATE:	The state of the s			
NAME:	M G F DOB:	ADDRESS:			
CHARGES:	COURT:	BOND;		RED:	
1.	GA:	☐ CASH ☐ SURETY ☐ WPTA		TES   NO	
2.	TOWN:	AMOUNTS:		ES I NO	
3.	TOWN:	☐ TO BE PRESENTED AT COURT	HOS	PITAL:	
4.	DATE:	☐ TRANS TO DEPT OF CORRECTION	IS @:	İ	
NAME:		ADDRESS:			
		ADDRESS:			
CHARGES:	COURT:	BOND;	100.000	DED	
1.	GA:	☐ CASH ☐ SURETY		RED:	
2.	Portunation 3	□ NON-SURETY □ WPTA	AMB	ULANCE:	
3.	TOWN:	AMOUNTS: .		ES NO	
•		☐ TO BE PRESENTED AT COURT☐ TRANS TO DEPT OF CORRECTION		PITAL:	
	DATE:	T ANALYSIA DELT OF CORRECTION	136		
SUPERVISOR'S APPROVAL REQUIRED:	INITIALS:	ID#: 255 DA	TE: 7/7	3	
THIS INFORMATION IS BEING B	ELEASED TO THE PURE IC IN C	OMBLYANCE TUTEL THE BEET OF COMME			
TOTAL RIO MOTTAINA OTTAL CANDITION ON MAJOR	HONE: 860-685-8230 F	ICT THE CONNECTICUT STATE POLICE PUBL	IC INFORMATION	ON OFFICE.	